

March 21, 2024

Improving Maternity Care and Birth Equity

Greater Philadelphia Business Coalition on
Health Women's Health Summit

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Purchaser Business
Group on Health



What We Do



Purchaser Business Group on Health



Advancing Quality



Driving Affordability



Fostering Health Equity

EXPERTISE APPLIED ACROSS ALL STRATEGIES:

Measuring What Matters | Policy and Advocacy | Payment Reform | Care Redesign | Health Equity

PBGH Members

40 of the country's largest private employers and public purchasers who collectively spend \$350 billion on health care annually to provide health care for more than 21 million Americans.

Activision Blizzard
Amazon
Apple
The Boeing Company
CalPERS
Caltech
Chevron Corporation
Cisco Systems
City and County of Denver
Colorado PERA
Costco
Covered California
CSAA Insurance Services LLC
eBay Inc.

GE Appliances
GEICO
Hewlett Packard Enterprise
Intel Corporation
JPMorgan Chase & Co.
King County, WA
Levi Strauss
Microsoft
Netflix
NextEra Energy
Pacific Gas & Electric Company
Pitney Bowes
Qualcomm, Inc.
Rivian Automotive, Inc.

Robert Half International
Salesforce
San Francisco Health Service System
Stanford University
The State of Colorado
Tesla Motors
The Wonderful Company
University of California
Walmart
Washington Health Benefit Exchange
Washington State Health Care Authority
Wells Fargo & Company

PBGH Goals

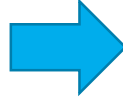
1. Redirect existing health care spend to high-quality, equitable and evidence-based care while holding total cost flat.
2. Redirect purchasing to support whole-person health and create accountability for health and well-being outcomes.
3. Eliminate disparities in care delivery and in health outcomes.

If these goals are achieved, a natural outgrowth will be meaningful improvements in health outcomes, health care affordability and health equity.



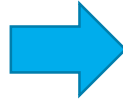
Market-Shaping Strategic Initiatives

1 Advanced Primary Care
– Designation & Network



- Turnkey high-quality primary and specialty care national network built to reflect purchaser priorities.

2 Address Low-Value Care
(CAA Tools and Support)



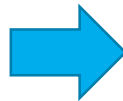
- Complete data and advisory services to establish fair pricing, outcome accountability and enable purchaser fiduciary success.

3 Maternal Health & Birth
Equity



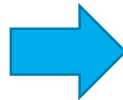
- Redesigned, patient-centric wholistic maternal care delivery system that achieves quality and equity.

4 Community Health and
Well-Being



- A new approach and clear path enabling purchasers to invest in social and community needs to maximize health and well-being.

5 Mental Health

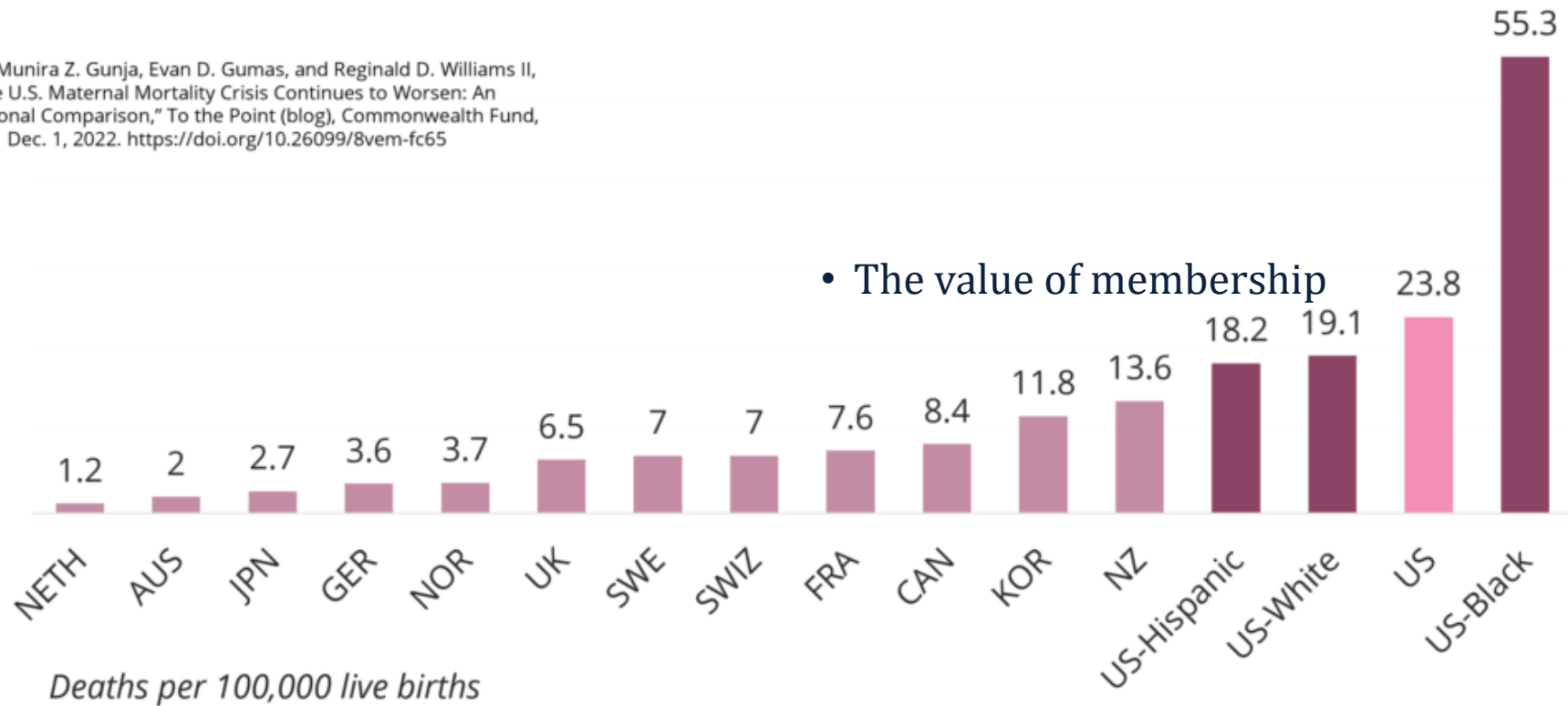


- Assure that employee and family mental health needs are met through the care delivery system, workplace and community.

Maternal Mortality and Birth Equity Compared in US and High Income Countries

The United States has the worst rates of maternal mortality among developed countries, and the gap between rates in the U.S. and other high-income countries is widening. Despite federal and state funding and attention targeting the issue, poor adverse outcomes persist. Traditionally, interventions to address maternal mortality have focused on supporting labor and delivery; however, maternal risk extends beyond birth with 31 percent of maternal deaths occurring during pregnancy and a staggering 52 percent of maternal deaths occurring post-partum, up to one-year post-birth.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II,
"The U.S. Maternal Mortality Crisis Continues to Worsen: An
International Comparison," To the Point (blog), Commonwealth Fund,
Dec. 1, 2022. <https://doi.org/10.26099/8vem-fc65>



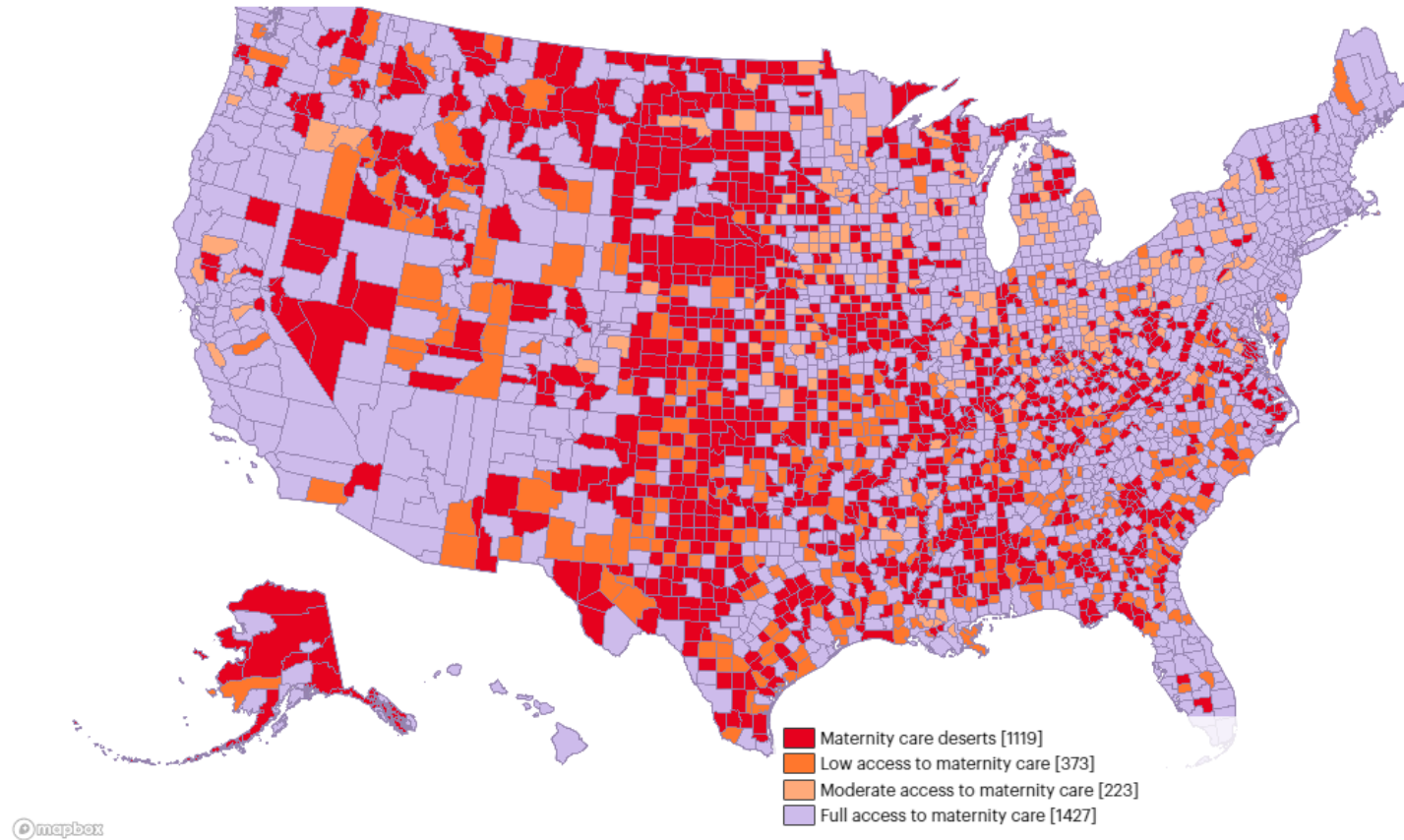
The state of maternity care in the US



Sources: 1) <https://www.mathematica.org/news/new-study-uncovers-the-heavy-financial-toll-of-untreated-maternal-mental-health-conditions>, 2) <https://www.bloomberg.com/news/articles/2022-02-23/u-s-black-maternal-mortality-rate-triple-that-of-white-hispanic-women-in-2020>, 3) <https://www.usnews.com/news/healthiest-communities/articles/2019-09-25/the-rise-of-c-sections-and-what-it-means>
<https://www.nytimes.com/interactive/2023/02/12/upshot/child-maternal-mortality-rich-poor.html>
<https://policylab.chop.edu/blog/philadelphias-persistently-high-infant-and-maternal-mortality-rates-require-response>

Maternity Care Deserts Are Increasing

[More Than Half of US Rural Hospitals
Longer Offer Birthing Services—Here
Why](#), JAMA



Maternity Care Deserts, 2020

Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2021

Source: <https://www.marchofdimes.org/maternity-care-deserts-report>

Member Priorities Around Women and Women's Health



**Purchaser Business
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Ensuring optimal maternal outcomes, birth equity

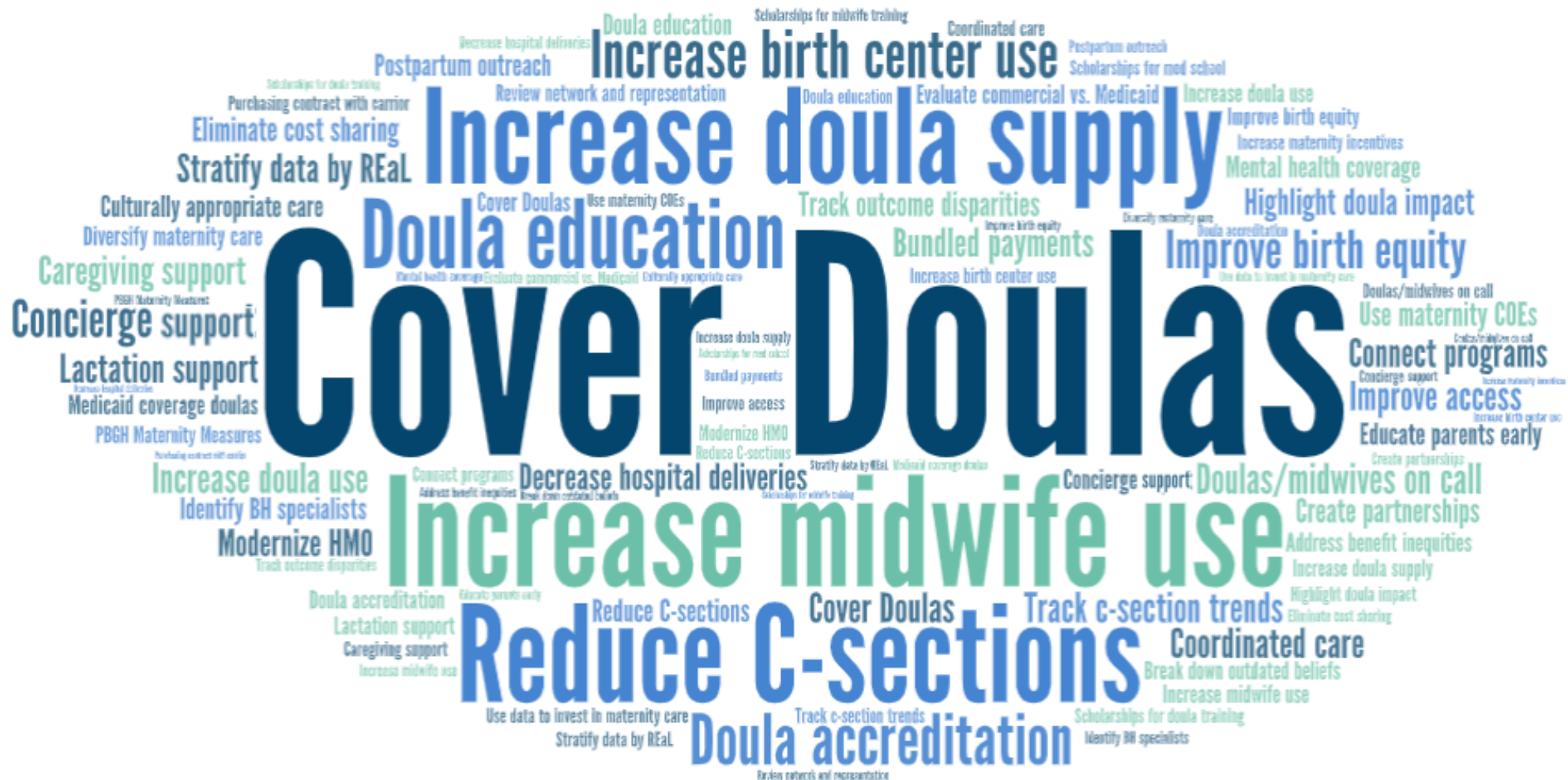
Ensuring women have access to affordable and equitable care and benefits regardless of where they live (reproductive health and gender affirming care)

Providing cutting edge benefits for fertility including trans care, mid-life health, caregiver support, mental health and well-being

Providing access to women's health care in OB/Gyn deserts

Attracting and retaining women across their entire life journey

PBGH Member Maternal Health Priorities for Action



PBGH Comprehensive Maternity Workgroup

Our goal is to improve maternal health equity and outcomes through collective purchaser action

Objectives:

1. Define comprehensive maternity care
2. Identify the measures of accountability that support comprehensive maternity care
3. Collectively agree to the purchasing principles that support comprehensive maternity care



Workgroup co-chaired by benefits leaders from Qualcomm and Walmart

Comprehensive Maternity Care Priority Maternity Measure Set

#	Measure	Data/Impact Level
1	NTSV C-section	Hospital/provider
2	Prenatal depression screening and follow-up & Postpartum depression screening and follow-up	Hospital/provider
3	Maternity Care: Postpartum Follow-up and Care Coordination	Hospital/provider
4	Social need screening and intervention	Health plan-wide*
5	Patient experience – CAHPS and HCAHPS for maternity population	Hospital/provider
6	Severe obstetric complications	Health plan-wide
7	% of Midwife deliveries (claims-based)	Health plan-wide
8	% of Maternity patients who used a doula	Health plan-wide



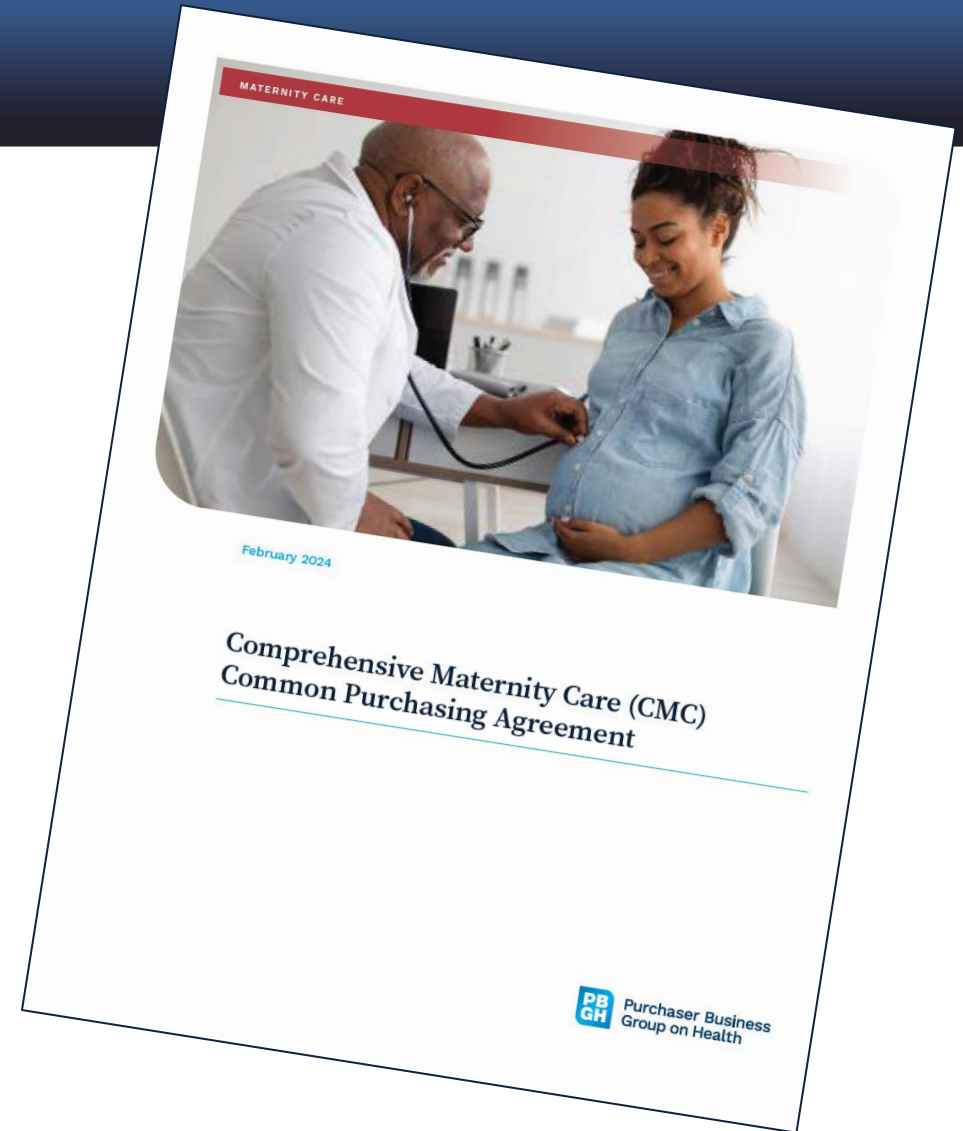
All measures will be required to be stratified by REaL and SOGI data where available

**Potential data collection/impact at the hospital/provider level*

Maternity Common Purchasing Agreement

The standards for purchasing comprehensive maternity care, including benefit design, coverage, contracting standards were based on the below principles:

1. Equitable care that promotes cultural humility and respect
2. High-quality care using evidence-based care models and care coordination that optimizes favorable and equitable clinical outcomes
3. Access to timely patient-centered care and resources, including to reduce maternity deserts
4. Actionable and transparent quality, patient-reported outcomes, and experience data stratified by REaL and SOGI indicators to ensure accountability and transparency
5. Near-term transition to flexible and prospective population-based payment to enable providers and facilities to transition to comprehensive maternity care



Recommended Actions by Employers and Public Purchasers



Create accountability through better data



Enhance Benefit Coverage for Accessible, Affordable and High-Quality Maternal Care



Educate and Engage Workers and Their Families to Make Informed Decisions



Renegotiate Contracts to Pay for Value

Purchaser Actions for Advancing Maternal Health and Birth Equity



Create Accountability through Better Data

1. Provide your data warehouse and health plans with self-reported race, ethnicity, language, socioeconomic status, sexual orientation or gender identity data, or require your health plan to collect during open enrollment.
2. Evaluate the quality and equity of maternal care for your workforce using the PBGH [priority maternity measures](#) through your data warehouse or with your plan stratified by race and ethnicity.

Purchaser Actions for Advancing Maternal Health and Birth Equity (cont.)



Enhance Benefit Coverage for Accessible, Affordable and High-Quality Maternal Care

1. Identify maternal deserts among your workforce and pay for digital and virtual care options including funding for remote monitoring (e.g., blood pressure cuffs, weight scale, at-home lab tests).
2. Ensure accredited birth centers are in-network.
3. Pay for full-spectrum doulas for workers and families (full-spectrum doulas cover at least two prenatal visits, one labor/delivery and two postpartum visits).
4. Pay for care coordination services – from a navigator, coordinator or doula.
5. Pay for mental health screening and referrals, including during pediatric visits.
6. Cover all prenatal care as preventative care (i.e., at no cost to the member).
7. Expand the OB global payment period postpartum (for up to 12 months of follow-up).
8. Ensure access to provider directories that help workers identify culturally concordant or trained providers.

Purchaser Actions for Advancing Maternal Health and Birth Equity (cont.)



Educate and Engage Workers and Their Families to Make Informed Decisions

1. [Common maternity tests and interventions](#) during prenatal care, labor and delivery, and postpartum care to support informed and shared decision-making throughout the maternity journey.
2. The benefits of vaginal birth and the [differences between a vaginal and C-section birth](#).
3. Choice in care team and care location and the different types of primary maternity providers (obstetricians, midwives, family medicine physicians), supportive maternity providers (doulas, lactation consultants, behavioral health specialists) and birth settings (hospital, birth center, home birth).
4. Mental health resources before and after birth.

Purchaser Actions for Advancing Maternal Health and Birth Equity (cont.)



Renegotiate Contracts to Pay for Value

1. Implement performance guarantees for the [priority maternity measures set](#).
2. Pay the same amount for birth regardless of mode of delivery (vaginal vs. C-section) to reduce incentives for unnecessary C-sections (i.e., utilize blended case rates for facility payments).
3. Consider direct contracting to improve quality and cost of care and to increase access to a multidisciplinary maternity workforce and community birth settings (obstetricians, midwives, birth centers, doulas, lactation consultants).
4. Consider implementing a comprehensive maternity episode payment model (“bundled payment”) to pay for all maternity care providers and services under one budget. This encourages increased provider coordination and communication, fewer interventions / a reduction in the medicalization of childbirth and the expansion of patient-centered care delivery strategies

2024 PBGH Maternal Health and Birth Equity Summit

September 18

Hilton Garden Inn – Union Station
Denver, Colorado

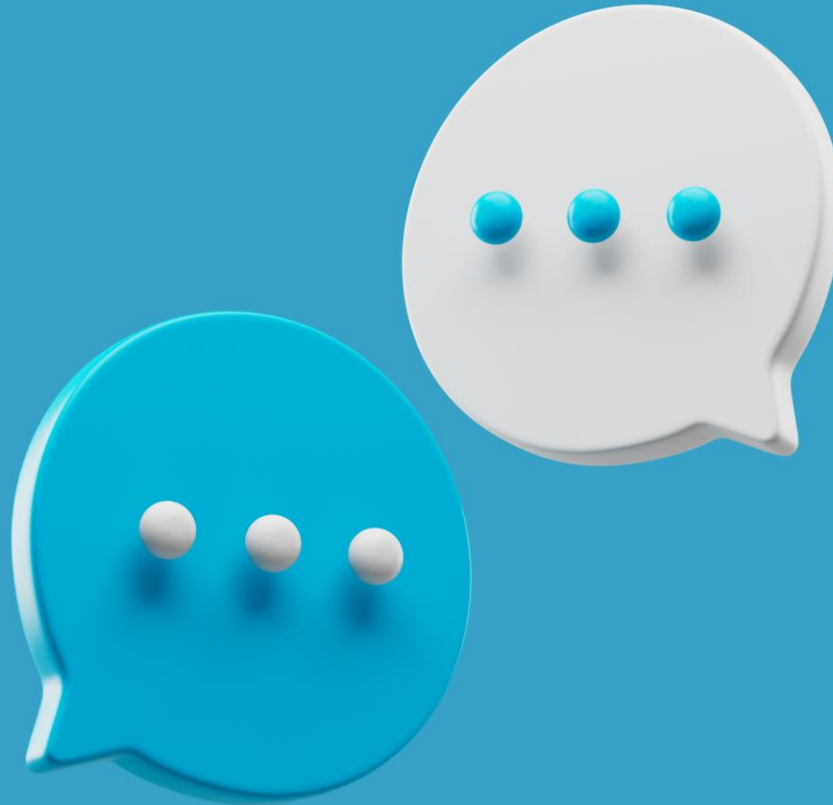
Join us for an **in-person, multistakeholder event** to review current evidence and share best practices for addressing the maternal morbidity and mortality crisis and birth equity in the U.S.



Collectively We Have the Power



Questions and Discussion





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